

FILED VIA MAIL

NOV 16 2016

CLERK U.S. BANKRUPTCY,  
ORLANDO DIVISION

Fill in this information to identify your case:

Debtor 1	Michael Strom Medlock		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Middle District of Florida			
Case number (If known)	6:16-bk-06690-CCJ		

 Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
<b>Amount of claim</b>	<b>Value of collateral that supports this claim</b>	<b>Unsecured portion if any</b>
Do not deduct the value of collateral.		

## 2.1 Southeast Toyota Finance

Describe the property that secures the claim:

\$ 32,087.44 \$ 21,413.00 \$ 10,674.44

Creditor's Name  
**Attn: Bankruptcy Dept.**

Number Street

2016 Toyota RAV4

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this claim relates to a community debt

Date debt was incurred 04/17/2001

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 3 4 9 1

## 2.2

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ \_\_\_\_\_

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CLERK U.S. BANKRUPTCY,  
ORLANDO DIVISION Check if this is an  
amended filing

Fill in this information to identify your case:

Debtor 1	Michael Strom Medlock	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Middle District of Florida		
Case number (if known)	6:16-bk-06690-CCJ	

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

## Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

2.2

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

## Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Debtor 1 Michael Strom Medlock  
First Name Middle Name Last Name

Case number (if known) 6:16-bk-06690-CCJ

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 Citibank  
Nonpriority Creditor's Name  
PO Box 6500  
Number Street  
Sioux Falls SD 57117  
City State ZIP Code

Last 4 digits of account number 4 1 8 7 \$ 10,282.78

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card

4.2 City of Columbia  
Nonpriority Creditor's Name  
1136 Washington Street  
Number Street  
Columbia SC 29201  
City State ZIP Code

Last 4 digits of account number 8 3 9 5 \$ 46.86

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Water Service

4.3 Comerica Bank  
Nonpriority Creditor's Name  
1717 Main Street  
Number Street  
Dallas TX 75201  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_ \$ 895,735.96

When was the debt incurred? 05/01/2012

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify SBA Loan Guaranty

Debtor 1 Michael Strom Medlock  
 First Name Middle Name Last Name

Case number (if known) 6:16-bk-06690-CCJ

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****4.4****Florida Emergency Physicians**

Nonpriority Creditor's Name

PO Box 96408

Number	Street	OK	73143
Oklahoma City		State	ZIP Code
City			

**Who incurred the debt? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number 0 0 3 6\$ 1,242.00When was the debt incurred? 01/05/2016

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Bill

**4.5****Florida Hospital**

Nonpriority Creditor's Name

601 E Rollins Street

Number	Street	FL	32803
Orlando		State	ZIP Code
City			

**Who incurred the debt? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number       \$ 4,000.00When was the debt incurred? 01/05/2016

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Bill

**4.6****JP Morgan Chase and Co**

Nonpriority Creditor's Name

PO Box 15298

Number	Street	DE	19850
Wilmington		State	ZIP Code
City			

**Who incurred the debt? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number 9 9 6 3\$ 1,740.35When was the debt incurred?             

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Credit Card

Debtor 1 Michael Strom Medlock  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.7** Palmetto Richland Hospital

Nonpriority Creditor's Name  
5 Medical Park

Number	Street	SC	29203
Columbia		State	ZIP Code
City			

Last 4 digits of account number 1 1 4 0 \$4,677.36When was the debt incurred? 06/15/15

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Bill

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

**4.8** US Dept of the Treasury

Nonpriority Creditor's Name  
PO Box 830794

Number	Street	AL	35283
Birmingham		State	ZIP Code
City			

Last 4 digits of account number 7 3 7 B \$624,791.60

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify SBA Loan Guaranty

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

**\_\_\_\_\_**

Nonpriority Creditor's Name

Number	Street	
City	State	ZIP Code

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Debtor 1

Michael Strom Medlock  
First Name Middle Name Last Name

Case number (if known) 6:16-bk-06690-CCJ

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Transworld Systems Inc.

Name

Two Huntington Quadrangle

Number Street

Melville NY 11747  
City State ZIP Code

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 1 4 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 Michael Strom Medlock  
 First Name Middle Name Last Name Case number (if known) 6:16-bk-06690-CCJ

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
 Add the amounts for each type of unsecured claim.

		<b>Total claim</b>
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
6e. Total. Add lines 6a through 6d.	6e. \$ <u>0.00</u>	

		<b>Total claim</b>
<b>Total claims from Part 2</b>	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>1,542,516.91</u>
	6j. Total. Add lines 6f through 6i.	6j. \$ <u>1,542,516.91</u>

UNITED STATES BANKRUPTCY COURT  
Middle District of Florida

Michael Strom Medlock ) Case No.: 6:16-bk-06690-CCJ  
                        ) Chapter 7  
Debtor                 )

I have examined the Amended Schedules D and E/F, and I declare under penalty of perjury that the information is true and correct.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
Michael S. Medlock  
November 14, 2016

UNITED STATES BANKRUPTCY COURT  
Middle District of Florida

Michael Strom Medlock ) Case No.: 6:16-bk-06690-CCJ  
                        ) Chapter 7  
                        Debtor )

**CERTIFICATE OF SERVICE**

I hereby certify that correct copies of the Amended Schedules D and E/F was mailed first class, postage paid, this 14<sup>th</sup> day of November, 2016 to:

Dennis D. Kennedy, Esq,  
Trustee  
PO Box 541848  
Merritt Island, FL 32954

United States Trustee – ORL7/13  
400 W Washington St, Suite 1100  
Orlando, FL 32801

Valerie Smith  
PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541

Angelo Castaldi, Esq.  
110 SE 6<sup>th</sup> St., 15<sup>th</sup> Floor  
Fort Lauderdale, FL 33301

Citibank  
PO Box 6500  
Sioux Falls, SD 57117

City of Columbia  
Water Customer Service  
1136 Washington Street  
Columbia, SC 29201

Comerica Bank  
1717 Main Street  
Dallas, TX 75201

Florida Emergency Physicians  
PO Box 96408  
Oklahoma City, OK 73143

Florida Hospital  
601 E Rollins St  
Orlando, FL 32803

JP Morgan Chase and Co  
PO Box 15298  
Wilmington, DE 19850

Palmetto Richland Hospital  
5 Medical Park Rd  
Columbia, SC 29203

Transworld Systems Inc.  
Two Huntington Quadrangle  
Melville, NY 11747

US Department of the Treasury  
PO Box 830794  
Birmingham, AL 35283

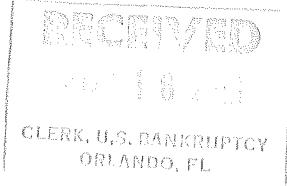


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Michael S. Medlock  
November 14, 2016

3194 Sea World Ct  
Kissimmee, FL 34746  
November 13, 2016

Clerk of Court  
US Bankruptcy Court  
400 W Washington Street  
Orlando, FL 32801



**Re: Michael S. Medlock, Debtor**  
**Case No.: 6:16-bk-06690-CCJ**

Dear Clerk:

Enclosed herewith for filing in the above referenced matter, Please find:

1. Amended Schedule D;
2. Amended Schedule E/F;
3. Affidavit; and
4. Certificate of Service.

Please note that the amendments are to correct deficiencies at the original filing. No dollar amounts have changed, and no other schedules have changed.

Thank you for your considerate attention.

Sincerely,

Michael S. Medlock